

03-14-02

Receipt

CASE 4-30755B/D1



FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EV 041586259 US

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March 13, 2002

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1617

BULLOCK ET AL.

Examiner: Kim, J.

APPLICATION NO: 10/072,516

FILED: FEBRUARY 6, 2002

FOR: ADDITIONAL THERAPEUTIC USE

Assistant Commissioner for Patents
Washington, D.C. 20231

LETTER CORRECTING OFFICIAL FILING RECEIPT

Sir:

The official filing receipt received in the above-identified application erroneously lists **Applicants**.
Please issue a corrected filing receipt listing the **Applicants** as follows:

--Gillian Rosemary Bullock, E. Sussex, UNITED KINGDOM;
Marc De Gasparo, Rossemaison, SWITZERLAND;
Sabina Maria Ganter, Rheinhausen, GERMANY--

A copy of the filing receipt with the correction noted is enclosed.

Applicants believe this error is ascribable to the Patent Office. Accordingly, no fees are required. However, if this is incorrect, the Commissioner is hereby authorized to charge the \$25 fee under 37 CFR §1.19(h) and any additional fees that may be required to Deposit Account No. 19-0134 in the name of Novartis Corporation.

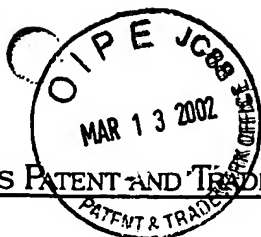
Respectfully submitted,

Gregory D. Ferraro
Attorney for Applicants
Reg. No. 36,134

Novartis Corporation
Patent and Trademark Dept.
564 Morris Avenue
Summit, NJ 07901-1027
(908) 522-6923
Date:



UNITED STATES PATENT AND TRADEMARK OFFICE

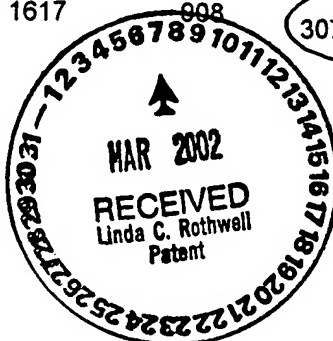


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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20591
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	INT. CLAIMS
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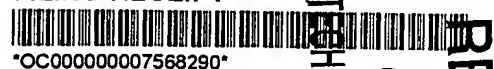
10/072,516 ✓ 02/06/2002 ✓ 1617 008 4- 30755B/D1 18

001095
THOMAS HOXIE
NOVARTIS CORPORATION
PATENT AND TRADEMARK DEPT
564 MORRIS AVENUE
SUMMIT, NJ 079011027



CONFIRMATION NO. 4159

FILING RECEIPT



OC000000007568290

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Date Mailed 03/08/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Gillian Rosemary Bullock, E. Sussex, UNITED KINGDOM; ✓
Marc De Gasparo, Rossemaison, SWITZERLAND; ✓
Sabina Maria Ganter, Rheinhausen, GERMANY; ✓

Sabina

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 09/468,663 12/21/1999 ✓

Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 98811257.9 12/23/1998 ✓

If Required, Foreign Filing License Granted 03/01/2002

Projected Publication Date: To Be Determined - pending completion of Sequence Disclosures

Non-Publication Request: No

Early Publication Request: No

Title

Additional therapeutic use ✓

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Bib Data Sheet

CONFIRMATION NO. 415

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 MARCH 5 2002
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 4-30755B

SERIAL NUMBER 10/072,516	FILING DATE 02/06/2002 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 4-30755B
APPLICANTS Gillian Rosemary Bullock, E. Sussex, UNITED KINGDOM; Marc De Gasparo, Rossemaison, SWITZERLAND; Sabina Maria Ganter, Rheinhausen, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/468,663 12/21/1999				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 98811257.9 12/23/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 18
				INDEPENDENT CLAIMS 5
ADDRESS 001095				
TITLE Additional therapeutic use				
FILING FEE RECEIVED 908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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